NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

B.

The Plaintiff(s)	
Provide the information below for needed.	each plaintiff named in the complaint. Attach additional pages if
Name Address	Bernard T Henry Jr 700 5 Gth AVR Homeless L. Deprevation 10050p 45 201
County	Pina
Telephone Number	520535 6303
E-Mail Address	Denset thoustand 1 ochol Co
The Defendant(s)	
individual, a government agency, include the person's job or title (if	each defendant named in the complaint, whether the defendant is an an organization, or a corporation. For an individual defendant, known) and check whether you are bringing this complaint against or official capacity, or both. Attach additional pages if needed.
Defendant No. 1	$\bigcap_{i \in \mathcal{I}} \mathcal{O}_{i,i}$
Name	Gro Deatest Tucker 1017
Job or Title (if known)	COPPER STEPHEN E MANY STANDED DIDGLAG
Address	PAHAMA NM 8732
County	Me Leders County
Telephone Number	
E-Mail Address (if known)	JURELHOHO 101059 OW
	Individual capacity
Defendant No. 2	
Name	Cimphio Della
Job or Title (if known)	Cloner who I have no lease with
Address	By 752 Paginta NM hoose low into
6	325 M. FRANKLIN ST 115 BT 101 FUSS BILL Sidle Zip Code
County	Mr. Kintel Courtel
Telephone Number	- Condition range
E-Mail Address (if known)	antologo and swaffers can
	☐ Individual capacity ☐ Official capacity
	13

II.

officials?

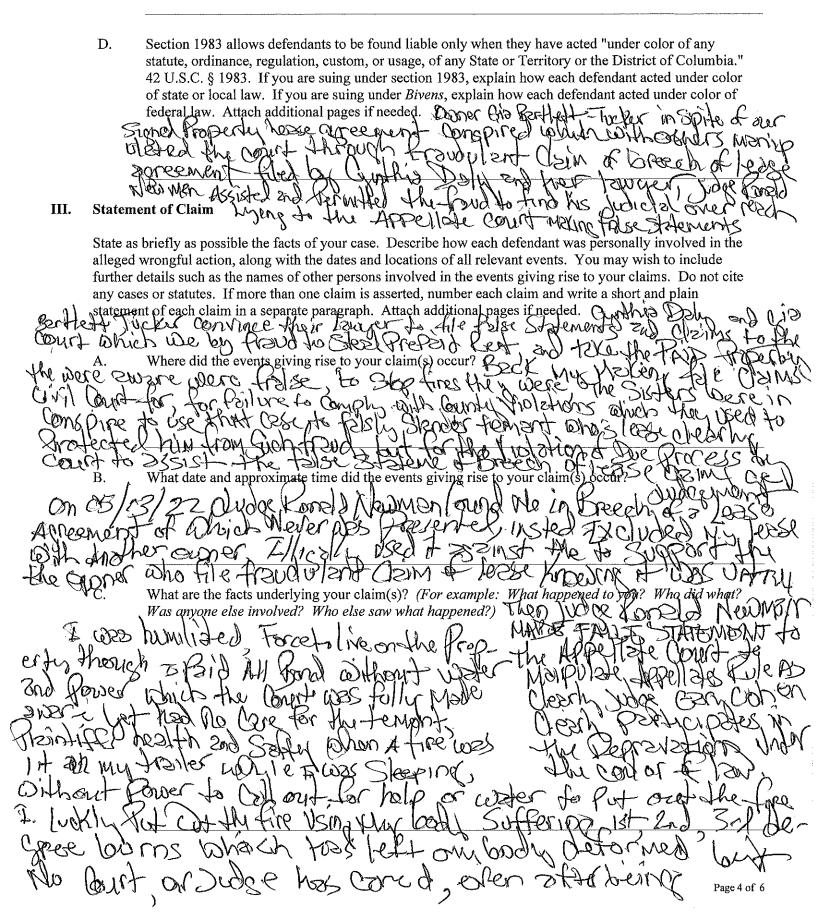
	Defendant No. 3	
	Name	John Konseld Newson
	Job or Title (if known)	Pino Cond. Consolidade la listice Cours - Evidion S
	Address	240 N STONE AV
		Tucyon State STO State Zip Code
	County	Sugar
	Telephone Number	5707213501
	E-Mail Address (if known)	
		☐ Individual capacity
	Defendant No. 4	\sim \sim \sim \sim
	Name	a light (Sea) when
	Job or Title (if known)	a comprehend Charles
	Address	Total Commess to the
	11001000	TEGO DE DETAIL
		City State Zip Code
	County	Downer
	Telephone Number	570 724 8021
	E-Mail Address (if known)	
		☐ Individual capacity ☐ Official capacity
Basis fe	or Jurisdiction	
immun Federa	ties secured by the Constitution and	e or local officials for the "deprivation of any rights, privileges, or I [federal laws]." Under <i>Bivens v. Six Unknown Named Agents of (1971)</i> , you may sue federal officials for the violation of certain
A.	Are you bringing suit against (check	k all that apply):
	Federal officials (a Bivens cla	im)
	State or local officials (a § 19	83 claim)
B.	the Constitution and [federal laws] federal constitutional or statutory r	ing the "deprivation of any rights, privileges, or immunities secured by ." 42 U.S.C. § 1983. If you are suing under section 1983, what ight(s) do you claim is/are being violated by state or local officials? The Color of the Third Color of the Color o
C.	Plaintiffs suing under Bivens may	only recover for the violation of certain constitutional rights. If you

are suing under Bivens, what constitutional right(s) do you claim is/are being violated by federal

Defendent 5

Judgo Victoria Steele Pina County Consolidated Judica 240 N. Stone Ave Tosson De 870) Pine County

Rossell Doll Box 752 Lampet NM 8001 McKinnley Carrel



IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Suffer extra form of the substitution of the substitutio

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

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VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

Date of signing:

В.

02/29/24

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Signature of Plaintiff	(Ro.)2 L	~~	1	
Printed Name of Plaintiff	Berson	d th	enry,	>1 -	λ,,,,	
For Attorneys			0			
Date of signing:						
Signature of Attorney						
Printed Name of Attorney						
Bar Number						
Name of Law Firm						
Address			and the second s			
		City		State	Zip	Code
Telephone Number						
E-mail Address						